
**LOS ANGELES COUNTY
HIV PREVENTION PLANNING COMMITTEE (PPC)
A Select Committee of the Commission on HIV Health Services
600 South Commonwealth Avenue, 6th Floor•Los Angeles CA 90005-4001**

MEETING SUMMARY
Thursday, May 5, 2005
1:00 PM - 5:00 PM
St. Anne's Maternity Home - Foundation Conference Room
155 N. Occidental Blvd.-Los Angeles, CA 90026

MEMBERS PRESENT

Ricki Rosales*	Vanessa Talamantes*
Chi-Wai Au	Jeff Bailey*
Diane Brown	Richard Browne*
Dani Mejia	Elizabeth Mendia*
Veronica Morales	Kathy Watt
Tim Young	Richard Zaldivar*

ABSENT

Jose Roberto Barahona
Gordon Bunch
Manuel Cortez
David Giugni
Jeffrey King
Mario Pérez
Freddie Williams

* Denotes present at one (1) of the roll calls

OAPP STAFF PRESENT

Erica Angert	Elizabeth Escobedo	Mike Janson	Erin Kandel
John Mesta	David Pieribone	Jane Rohde	Martha Teresa Ruiz
Juhua Wu			

I. ROLL CALL

Roll call was taken and a quorum was not present.

II. COLLOQUIA PRESENTATION

Dr. Rose Veneigas, CHIPTS, welcomed the audience to the PPC Colloquia Presentation and introduced Ms. Kathleen Cash and her team (Diana Andrade and Carlos Bermundez), at Common Ground who presented an ethnographic study titled The Power to Speak, The Power to Prevent.

The program included 103 participants (56 women and 47men). The preliminary findings were: awareness (more secure and aware of their environment), self-confidence, understanding of AIDS, sexual rights, importance of communication and communication with children, family members, partners and friends. As part of the evaluation component, twenty-four (24) in-depth, private evaluation interviews were conducted with participants.

The study used narrative and dialog methods to improve sexual health/AIDS communication between Latinas and their sexual partners, children, family and peers. The goal of the project (which has been going on for about two years) was to improve:

- The nature of communication (the content of their communication with partners, children, family and friends).
- The extent of their communication (the number of times they talked about sexual health).
- Understanding of sexual health.

The project was directed toward women and was not only directed towards AIDS prevention but a broader picture of sexual health. The reason this project was funded and the reason this approach was taken was in response to AIDS among Latinos and risk behavior of day laborers. Listed below are some statistics of clients who came to Common Ground:

Risk Behavior of Day Laborers

- 40% exchange sex for money
- 60% had three or more partners in the last two years
- 50% history of STDs
- 20% having sex using drugs
- 35% have had sex with men

Risk Behavior of Latinas

- 35% exchange sex for money
- 40% unprotected anal sex
- 40% history of STDs
- 30% had three or more partners in the last 2 years

Based on the work Kathleen Cash had done in other countries, the general global messages are to use condoms to control the number of partners and to control STDs. Kathleen Cash indicated she found that these messages do not reach women. Common Ground's approach placed an emphasis on:

1. Relationships and gender
2. Communication norms and skills related to cultural content and context
3. The holistic approach

TARGET POPULATION	
WOMEN	MEN
Age: 32	Age: 36
Education: 6 years	Education: 7 years
English Literacy: 5%	English Literacy: 3%
Mono-lingual: 90% (Spanish)	Mono-lingual: 97% (Spanish)
Income: \$500-\$1,000 per month	Income: \$800 per month
Country of Origin: Mexico	Country of Origin: Mexico

This study used an integrated approach to integrate research and an intervention, with 80 (40 men and 40 women) ethnographic interviews. The private, in-depth interviews about sexual experiences and interpretations were the basis for the narratives then a qualitative data analysis was performed to identify common themes and common language. After that, a composite narrative was created including the dialogue and exercises. There are six books total (consisting of eight stories) in the program.

- Maria and Carlos: Migration and Vulnerability – A day laborer comes to the United States and his experiences, he leaves his wife back in Mexico.
- Flowers for Felicia: Partner Fidelity as Perceived from a Woman and Man's Perception – Infidelity between a married couple who live in the United States (each has a different perception on why their relationship started to disintegrate).
- Bad Girl: Child Molestation, Poor Communication between Daughter and Mother – The mother starts perceiving the child as being bad or wild and the child contemplates suicide or to run away.
- Nico and Yola: Poor Communication between Chicano Youth and Parents – Poor communication about young people who grow up in the United States and go to American schools and their immigrant parents lack of communication about sex and sexuality puts their child at sexual risk.
- Who is the Man who I Thought I Loved: Domestic Violence – An immigrant women comes to the United States and her partner gets increasingly violent.
- Victoria's Secret: Experiences of a Transsexual Women in Mexico and the United States – Experiences of a transsexual women growing up in Mexico and comes to the United States with the risks she has and the risks she presents to the men who have sex with her and the men who also go home and have sex with their wife.
- We Are Horny... We Men... We Are So Horny: Retrospective Experiences of an HIV+ Laborer – An HIV+ day laborer in a therapy group who talks about his past.
- Josephina, The Hairdresser: Customer's Stories and advice – Advice is given by Josephina, the hairdresser.

The survey evaluation included pre/post surveys and a control group, to determine whether the participant's communication had changed because of the program. Kathleen Cash and the staff of Common Ground are in the process of conducting qualitative interviews with the participants, their partners in separate interviews, and their children to verify whether their mother has changed the way they talk about some of these issues.

The printed information contains not only the stories but also bio-medical information. This program is in SPA 5, so the recruitment of peer educators took place in various agencies/CBOs in SPA 5. This program is conducted at Mar Vista Gardens, Olympic High School and a Day Laborer site under the Sawtelle Bridge. It took about four (4) days to conduct the Peer Educator Training.

Every man and woman who went through the program received a certificate as a Sexual Health Advocate. Ms. Cash's past research indicated that when women have a certificate as a Sexual Health Advocate, it is much easier for them to talk to their partner or to their children.

The challenges were: located in SPA 5, cultural factors, recruitment of target population, movement of day laborers and incentives.

QUESTION: How long were the sessions and what was the average size of each group?

ANSWER: The average size of the group was about eight to ten and it took about two months to go through the program.

QUESTION: Did any of the women report violence after going home and having the conversations or trying to practice communication?

ANSWER: No, that's a good question. One woman in the interview said her husband was very suspicious about her going out and he had told her he thought this program was about trying to help her find other partners. The peer educator talked to her husband and then the woman joined the program.

QUESTION: Was there any kind of risk assessment conducted for the participants?

ANSWER: You mean individual risk assessments, No.

QUESTION: Were these mainly married women?

ANSWER: Yes, some were married and some had a steady boyfriend or partner.

QUESTION: How did you recruit the women?

ANSWER: We went to the Mar Vista Gardens site, which has about 2,000 residents living in this housing development. We made announcements and placed pamphlets in the Recreation Center.

QUESTION: Your presentation indicated 20% of the Day Laborers used drugs, what about alcohol?

ANSWER: We did not ask about that, but I would guess about 99%. It is very prominent that men drink recreationally.

QUESTION: Was there any conversation about how that would then impact them taking these messages and then putting them into practice?

ANSWER: Two of the stories are about alcohol and risk: the story about infidelity and the story about the infected day laborer. Many of the men congregate in groups and drink and that is a pretty common form of recreation.

QUESTION: Were any linkages and referrals made (i.e. individual disclosed chronic relapse of alcoholism and/or drug abuse – where any resources given to them)?

ANSWER: There are resources at Common Ground. Since the program has started, there has been a dramatic increase in the number of Latino clients at Common Ground. In the program, we also told participants about a number of other service agencies on the Westside. We do not have the information on documented relapse but we know there is a support group at Common Ground that originated as a result of this program.

COMMENT: (Carlos Bermudez) I have the data for HIV testing for Latinos.

QUESTION: Do you have a breakdown of the ethnicities of the Latino Day Laborers?

ANSWER: Most were Mexican. We had a few people from Guatemala and a few from El Salvador.

QUESTION: Do you have the numbers?

ANSWER: Yes, we do.

QUESTION: I am wondering why alcohol use was not part of the assessment without assuming we are looking at 99% alcohol use among that target population and is there some comparison with some of the other studies out there done in the past, targeting Latino men in Los Angeles County and their use of alcohol?

ANSWER: There are questions in the pre and post survey having to do with alcohol use.

QUESTION: When you mentioned the 99%, how did you arrive at that percent?

ANSWER: To reiterate we do not have a percentage at this point, but my guess after ethnographic interviews how much alcohol is related to women's vulnerability, I think it is a well-understood idea that is true. In the interviews, that came up quite a bit. Also, abuse is related to alcohol.

QUESTION: Were there any conversations about alcohol being used to seemingly make the men feel comfortable enough to participate in education groups?

ANSWER: Do you mean if they were drinking before they came in to our groups?

RESPONSE: Yes.

COMMENT: I don't think that would happen. Most of the people that participated were totally sober, also we completely address the topic of alcohol abuse and the peer educator can't give referrals directly. Site visits are routinely performed and Common Ground staff provides referrals. Common Ground staff offers testing at Day Laborer sites after each group.

QUESTION: Do you have a percentage for the number of participants who tested after the program?

ANSWER: Yes, we do have that data. Because of the program, most of the people who tested asked to be tested.

QUESTION: Was there a high prevalence of HIV?

ANSWER: We indicated one positive from the day laborer population.

QUESTION: Out of how many?

ANSWER: Forty-seven (47) men.

QUESTION: How many transgenders did you have?

ANSWER: We had a group of sixteen (16) transgender women and they had their own peer group. The transgender community on the Westside is small, so we worked with Bienestar.

QUESTION: Were the transgenders from the Westside or did they come from other areas?

ANSWER: They were from different areas.

QUESTION: Do you have a direct linkage to care or a tracking mechanism just in case a positive comes up?

ANSWER: Yes, Common Ground has social services and a partnership with Bay Community Clinic.

QUESTION: In the interviews, did the men talk about being offered more money for sex without condoms versus sex with condoms?

ANSWER: Yes.

QUESTION: Did the men talk about who was offering them sex or are they being offered sex for who they are working for or people deliberately coming to the day laborer site to prey on them? Or did that come up at all?

ANSWER: Sometimes men would solicit them for labor at their home (i.e. can you come and fix my garden?) and once the day laborer completes the job, the men would ask them to take off your shirt. One story that was told was, the person soliciting the day laborer to work, would have another man come up and have sex and they would ask the day laborer to watch them have sex. Sometimes, sex

happens when the day laborer does not expect it when they are working. Sometimes, the day laborer knows what is going to happen and the day laborer makes the choice/decision before he gets into the car.

QUESTION: Is this before or after the six-pack?

ANSWER: It's mixed. Some of the participants indicated that if they know the clients are going to ask them for sex, they start drinking in the morning.

COMMENT: At one of the sites we did interviews, there are quite a few men on crack. There are a lot of crack addicts among the day laborers.

QUESTION: Was there anything reported on people being threatened (if they don't have sex - immigration will be called on them)?

ANSWER: No, we did not hear that.

QUESTION: When interviewing these day laborers, did they indicate there was any other reason for having sex with men?

ANSWER: Yes, but not a lot.

COMMENT: One of the things that came up often was women being requested to have unprotected anal sex with the partner and/or husband which is more common in other sexual cultures that I have worked with and this poses a great risk to women.

QUESTION: Was that the case before they immigrated, as well? Or was that something that seemed to increase once they migrated here?

ANSWER: I think it is both. I think oral sex is more common after they immigrate to America. In Mexico, I don't think unprotected anal sex is uncommon. Some of the interviews for Latina women that arrived here from Mexico, they used anal sex to protect their virginity. The men reported they like having anal sex because anal sex is like having sex with a virgin.

Kathleen Cash announced the team is beginning the same project with a similar methodology in the African American community, the same process but the stories and the context will be different.

III. REVIEW/APPROVAL OF MEETING AGENDA

The draft meeting agenda for May 5, 2005 was reviewed and approved by consensus with the following corrections:

1. PROPOSED ACTIONS – MOTION #2 should read "Approve the meeting summary from the April 7, 2005 HIV Prevention Planning Committee Meeting".
2. Motion placed on the floor to move the Community Co-Chairs Report and Governmental Co-Chair Report before the Break. Motion approved by consensus.

IV. REVIEW/APPROVAL OF APRIL 7, 2005 MEETING SUMMARY

The draft meeting summary for the April 7, 2005 PPC meeting was reviewed and approved by consensus.

V. PUBLIC COMMENT

- Lillian Chu, APAIT, announced Thursday, May 19th is the first national Asian Pacific Islanders (API) HIV and AIDS Awareness Day. The Banyan Tree Pledge cards are located on the back table.
- Cathy, Women Alive Coalition, read a statement into the record, "Women Alive is concerned with the Mission Statement of the PPC. Although, you recognize the diversity of the population at risk of HIV, your focus does not reflect the diversity of the epidemic when your effort is only to address transmission. According to the CDC Divisions of HIV and AIDS Prevention Strategic Plan through 2005, goal number one is to decrease new infections by 2005, decrease high risk for acquiring or transmitting HIV."
- Jan Wise, Didi Hirsh, extended an invitation to the Healing Our Village 2005 which is the 15th annual skills building conference. The conference will be held on Thursday, May 12th from 8:00

AM to 4:30 PM. There will be a variety of interesting workshops for consumers and providers. Flyers are on the back table.

VI. OVERVIEW/REVIEW OF PPC MEMBERSHIP SURVEY ANALYSIS

Mike Janson, OAPP Planning and Research Division, provided an overview of the PPC Membership Survey. The initial PPC membership survey was conducted in December, 2004 and the supplemental membership survey was conducted in January, 2005.

A handout was issued to PPC members, which included the actual results of the PPC membership survey and the supplemental PPC membership survey in table form.

Mr. Janson's presentation was in Power Point and a copy of the presentation is on file.

Methods

- | | |
|-------------------------------|---------------|
| • OAPP – PPC Survey | December 2004 |
| • State Office of AIDS Survey | January 2005 |
| • PPC Members | 22 |

Demographics

How does the PPC membership reflect the HIV epidemic in Los Angeles County?

- Well represented in the following areas:
 - Women at sexual risk (WSR)
 - Heterosexual Male
 - Asian/Pacific Islanders
 - African-Americans
 - Latinos/Latinas
 - Injection Drug Use
- Underrepresented in the following areas:
 - Persons Living with HIV/AIDS
 - Men, especially Men who have Sex with Men (MSM)
 - White
 - Native American
 - Youth
 - Background in
 - Behavioral Science
 - Epidemiology
 - Program Evaluation
- Hours Spent on PPC (Monthly)
 - Average 9.5
 - Minimum 5
 - Maximum 30
 - Median 8

Community Planning Objectives - There were eight (8) objectives and within those objectives there was approximately fifty-two (52) attributes.

- A. Open Recruitment Process
- B. Representative membership, Includes Professional Expertise
- C. Encourages Inclusion and parity
- D. Evidence-Based Determination of Priority Prevention Needs
- E. Base Priority Target Populations on an Epidemiologic Profile and Needs Assessment
- F. Base Prevention Activities on Evidence
- G. Direct relationship Between the Prevention Plan and the Annual Application to CDC
- H. Direct Relationship between the Prevention Plan and Funded Interventions and Services

Mainly there was unanimous agreement in all of the objects and the responses/results are highlighted below.

Objective A – Open Recruitment Process

- Unanimous
 - PPC Subcommittee
 - Manages nominations and recruitment
 - Written procedures detailing the process
- Nearly Unanimous
 - PPC should be involved in membership decisions

Objective B – Representative Membership, includes professional expertise

- Unanimous the PPC represents the epidemic in Los Angeles County
- Nearly unanimous on professional expertise
 - State and local health department Sexually Transmitted Diseases (STD) program
 - State and local health department substance abuse treatment facilities
 - Correctional facilities
- There was some disagreement on this objective in terms of professional expertise. Some of the members indicated there are challenges in having access to state and local health department and STD programs, state and local health department substance abuse treatment facilities and correctional facilities.

Objective C – Encourages Inclusion and Parity

- Unanimous
 - Meetings are open to the public
 - Allow for public comment
 - Should provide orientation and mentoring
- Some Disagreement
 - Some members felt ongoing training was not provided
 - Efforts to accommodate members who face challenging barriers

Objective D – Evidence-Based Determination of Priority Prevention Needs

- Unanimous

Objective E – Based Priority Target Populations on an Epidemiologic Profile and Needs Assessment

- Unanimous

Objective F – Ensure Prevention Activities are Evidence-Based

- Nearly Unanimous
 - 1 member disagreed that PPC should consider whether prevention activities were developed with input from the most at-risk populations

Objective G – Direct Relationship Between the Prevention Plan and the Annual Application to the CDC

- Unanimous

Objective H – Direct Relationship Between the Prevention Plan and Funded Interventions and Services

- Nearly Unanimous

In terms of the supplemental survey for the State Office of AIDS, the presentation highlighted activities the PPC members engaged in.

Supplemental Survey – Activities and Participation

- | | |
|---|------|
| • Identification of strategies and interventions | 100% |
| • Prioritization of populations and interventions | 100% |
| • HIV Plan development/Update | 100% |
| • Epidemiologic Profile | 85% |
| • Gap Analysis | 85% |

• Needs Assessment	95%
• Resource Inventory	95%
Supplemental Survey – Areas for Improvement	
• Prioritization of Populations/interventions	75%
• Gaps Analysis	55%
• Resource Inventory	45%
• Identify strategies and interventions	40%
• Needs Assessment	40%
Supplemental Survey – Additional Training or Technical Assistance Suggested	
• Needs Assessment	100%
• Collaboration of Prevention and Care	75%
• Meeting Facilitation	25%
• Reading and Understanding Epidemiologic Data	25%
• Collaboration of LIG and CBOs	20%
Supplemental Survey – Overall Assessments	
• Works well with local health jurisdiction to achieve goals and objectives outlined in HIV Prevention Plan	75%
• Conducts a clear and complete Community Planning Process	75%
• Strong collaboration among the LIG, county representation, CBO and Care representatives	65%
• Needs some technical assistance with Community Planning Process	35%
The PPC Operations subcommittee has been charged with the task to:	
➤ Implement recruitment strategies identified in the Strategic Plan	
➤ Send recruitment E-mails	
➤ Target Outreach through subcommittees	
The PPC Evaluation subcommittee has been charged the tasks to:	
➤ Identify PPC membership gaps	
➤ Make recommendations	

QUESTION: (Elizabeth Mendia) Is the PPC Evaluation subcommittee reviewing the comments from these surveys?

ANSWER: (Mike Janson) Yes, there were comment sections at the end of each objective and I've looked through the surveys and I'd say PPC members filled out about 5%. If you want, I can put that together and add that as an addendum to these results.

COMMENT: (Elizabeth Mendia) Yes, it has in the past been included in the presentation and that information has been very helpful.

COMMENT: (Vanessa Talamantes) In past years, the PPC Executive Subcommittee has presented this data. This year, the PPC Executive Subcommittee wanted to be more proactive and take a serious look at the recommendations and possibly do a follow-up survey later in the year to see if PPC members feel some of these things are changing or have changed.

COMMENT: (Mike Janson) I will bring that up at the next Evaluation Subcommittee meeting to take the qualitative section and definitely look at that.

QUESTION: (Juan Ledesma) I have a question regarding the objectives, were there any questions around policy as it pertains to Prevention? Does the PPC not see that as being its purview anymore and leaving policy issues to the CHHS?

ANSWER: (Mike Janson) The CDC set the objectives that were on the survey.

COMMENT: (John Mesta) Those are the attributes that have been identified by the CDC; therefore, the questions on the survey reflect that.

QUESTION: (Juan Ledesma) Is there any room for individuality by local health jurisdictions?

ANSWER: (John Mesta) Last year, we were given the opportunity to provide feedback on the surveys and the CDC does welcome any sort of modifications or changes to the surveys, but that does not preclude the PPC of collecting policy related information.

COMMENT: (Juan Ledesma) It seems to me that the Policy issue would be a very important area for the PPC to look at, especially given some of the debates right now around names reporting, or the bill in the House about condom distribution in prisons, for example. Those are areas where I think the PPC's voice really needs to be heard.

RESPONSE: (Vanessa Talamantes) Previously, the PPC had a joint Public Policy committee with the Commission on Health Services (CHHS). As of three or four months ago, we separated and the PPC has taken up Public Policy matters at the Executive committee level. However, we are on certain issues working with the CHHS and have Co-Chair (PPC and CCHS co-chairs) meetings where we discuss these issues. Wherever we can, we try to coordinate advocacy efforts.

VII. PPC OPEN HOUSE FEEDBACK

Veronica Morales reported comments/feedback/suggestions from the community to the April 2, 2005 PPC Subcommittee Open House. There were several suggestions from the community:

1. The community would like to have notices for all subcommittee meetings, not just the PPC meetings sent to them.

RESPONSE: The Operations Subcommittee discussed that this had occurred in the past but the community complained that they were receiving too many meeting notices. As a result, the PPC will begin sending an attachment (either the calendar with all of the dates and times of subcommittee meetings) along with the PPC meeting notice.

2. The community feels recruitment efforts should include reaching to CABs, SPNs, and other meetings to recruit new members and increase participation.

RESPONSE: PPC members can take a meeting calendar and a PPC Brochure (which the Operations Subcommittee is currently working on) to these meeting.

3. Community members indicated they notice PPC members are present at the meeting but are not participating in the meeting or just missing in action. The Community suggested PPC member participation along with meeting attendance be monitored.

RESPONSE: The PPC Operations Subcommittee does monitor attendance; however, monitoring participation will be looked into.

4. The PPC and OAPP should require youth staff and providers of youth services to attend PPC meetings and subcommittee meetings.
5. To include subcommittee meetings summaries in the PPC packets or make them available at meetings. This was suggested if the bi-monthly subcommittee meeting structure is approved.
6. The seating at PPC meetings makes the audience feel excluded.
7. The Operations subcommittee thought that the round tables were good but we need more time because we felt like we were rushing.

COMMENT: (Richard Zaldivar) I commend the PPC, it was very important work and about time it was done. To the audience, there are always community expectations on what the PPC is doing but there are also expectations on what the community should be doing. It is common for people to come to the PPC meeting and leave at break. That is a commitment or not a commitment to their community; PPC members do not get paid to do these meetings. The real question is, "How do we invite and really involve and energize the community to take a more active role?" I really think this meeting room should be full and the meeting room gets full when people's funding gets cut. I want to thank and complement all who participated.

COMMENT: (Kathy Watt) In the contracts, which started January 1, 2005, there is clear language about participating in the PPC. It is May 5, 2005 and it is pretty clear who participates in the PPC and who

does not participate in the PPC. I am wondering if, the PPC (rather than OAPP) would draft a friendly reminder letter to providers inviting them to join the PPC and list the subcommittees and subcommittee meeting schedule. I think it is one thing to get them to come and sit in the audience but if we don't make it inviting for them to ask us questions and participate, I can see people going back to their supervisor saying, "I don't get it, why do we have to go there?"

COMMENT: (Vanessa Talamantes) I don't know how folks would feel about this but I believe all of our contact information is in the PPC meeting packet, so maybe we could send out our contact information with the letter.

COMMENT: (Kathy Watt) Since it is new contract time, maybe the PPC can be the bridge to things going on at OAPP and contact us with anything relating to new contract and start-up. It's May and I know there are programs that still don't have people on the streets. I want us to be, who service providers come and talk to for help. I really don't know what the hang-ups are but I think now would be a really good time.

COMMENT: (Chi-Wai Au) Does the language in the contracts mention the community meetings as something that people can attend in order to fulfill that requirement or does it specifically say PPC meetings? It might be good to modify that language to include subcommittee meetings because that is also where a lot of the work is done and the community members would have a chance to interact with us on a more personal level.

COMMENT: (Vanessa Talamantes) Attendance (PPC and Community Members) should also be looked at the subcommittee level because if there are members who are participating at the subcommittee level, that is important because they are participating.

COMMENT: (Richard Zaldivar) For PPC members, a roll call is done at the beginning and end of each meeting. I suggest instituting a sign out sheet, which everybody (including community members) has to sign out at the time they leave. Maybe, heads of organizations think it is important to send individuals to the PPC meetings because it is a requirement in their contract but I think it is important for us to look at agencies who are here today and send a letter to their Executive Director saying "thank you" for having them here but can you give them more time for subcommittees?

COMMENT: (Kathy Watt) In reality, ½ of the audience most months are the HIV specialist for the CACS (Community Assessment Centers), not even people who have prevention contracts through OAPP. If you took the CACS people out of the audience, it would be five or six people each month that are here.

COMMENT: (Veronica Morales) The monthly report does not have any space for prevention planning efforts or attending the meetings, so there is no space for anyone to report if they have attended the meetings. If the outreach staff is completing the reports and they see no space, therefore, they think they do not have to attend the meetings. If Executive Directors, Program Coordinators, etc. are the only people looking at the contracts, there is some miscommunication there.

COMMENT: (Jeff Bailey) The suggested new meeting structure for PPC meetings was an effort to have these meetings be more engaging and more participatory and I think the delay in the approval of that change in meeting structure has impacted the PPC. The further we can move ahead and make sure every other month are interactive meetings, the more people will want to come and we need to give them a reason to come to the meetings.

COMMENT: (Diane Brown) If we can make what we discuss at the meetings a little more meaningful to what we are doing in our programs, then there is more reason for people to come.

COMMENT: (Alexis McGee, Correct Help) It wasn't until today that I found out that it is in the contract that someone from an organization is supposed to be here, but I asked to come here. I am a consumer and what is done here directly affects me. I like the suggestion for the PPC to send letters to the Executive Directors requesting time for agency individuals to participate in the PPC subcommittees, I am very interested.

COMMENT: (Kathy Watt) In this letter, what if we made our June or July meeting (because some contracts will have stopped and started again) a Q& A meeting and agencies could disclose any hurdles they are having. Possibility, we could break out by BRG and have a strategy session among people who are all provided to do the same BRG, (i.e. different interventions, whatever) maybe that would be helpful.

COMMENT: (Elizabeth Mendia) OAPP has restructured its evaluation and program monitoring to issue a report based on a grade structure. I feel Richard Zaldivar's suggestion to have a sign-out sheet or some way to gage attendance would be very helpful.

COMMENT: (John Mesta) In terms of recruitment, we've also compiled a list of individuals (community partners, stakeholders) who have participated in subcommittee activities for 2004 and I think this could be useful for the Operations subcommittee to do targeted outreach and recruitment.

COMMENT: I think the CBO's, to an extent, do not really understand what the PPC does and just know PPC attendance is an objective on their monthly report. What is the possibility of using the Mission Statement as a way to establish, the PPC is actually meant to be a resource? Maybe, this is something that can be included in the letter being sent to Executive Directors.

VIII. COMMUNITY CO-CHAIRS REPORT

Vanessa Talamantes presented Jeff Bailey with a plaque honoring his commitment as PPC Community Co-Chair for four (4) years. Jeff Bailey thanked everyone for their kind words and acknowledged and commended everyone for their hard work.

Jeff Bailey provided an update on the CHPG work group. The CHPG is currently meeting (as we speak) in West Hollywood. Both Ricki Rosales and I serve on a Task Force of the CHPG. I serve on the Gay Men's Health Task Force, which works on the health framework for gay identified men. The framework is now moving towards making recommendations to the State of California for men who have sex with men (MSM) for men who don't identify. Members of the CHPG will be requesting to come to this body to introduce the Gay Men's Health Framework to see who can be integrated into the work that we do and how providers, can integrate that, as well. Some of the interesting things that came out of that were:

- The State of California initially looked at their allocation of resources with regards to how much money actually goes to gay men or MSM, where the epidemic is about 68% to 70% and about 32% of the funds go toward reaching that specific target population
- The County of Los Angeles was funded through two (2) Demonstration Projects through AHP. One of which was to provide routine counseling and testing in medical care settings and there are a number of providers doing that. Also, examine/evaluate strategies to do partner counseling (now called disclosure assistance) and the CHPG will also be coming to this body to provide some updates, as well.

Ricki Rosales reported the Venue Based Task Force met on April 28th and discussed the recommendations that came out of all the previous discussions and made some changes to the draft recommendation document. Once the draft recommendations have been revised, the document will be forwarded to the Standards and Best Practices subcommittee. The Venue Based Task Force has been dissolved and anyone interested in pursuing this particular issue can go to the Standards and Best Practices subcommittee meetings to discuss this.

IX. GOVERNMENTAL CO-CHAIR REPORT

John Mesta provided the OAPP Report.

- The Centers for Disease Control and Prevention (CDC) Annual Progress Report is due to the CDC on Friday, May 13, 2005. Within that report, OAPP is required to provide data on the survey information Mike Janson just presented. A summary will be presented to the PPC co-chairs for their sign off and endorsement.
- A meeting is scheduled for May 17, 2005 to address HIRS and Counseling and Testing Week. Letters will be going out to the HCT providers.
- The Urban Coalition of HIV/AIDS Prevention Services (UCHAPS) meeting was held in Washington, D.C. and the Los Angeles delegation consisted of Kathy Watt, Vanessa

Talamantes, Mario J. Perez and John Mesta. The focus of the summit was to pay visits to our congressional representatives in D.C. but we also had the opportunity to meet with the acting assistant secretary for HHS, Dr. Christine Beato and representatives from HOPWA, HRSA, Office of Women's Health, CDC and SAMHSA. Kathy Watt reported there was a discussion on SAMHSA funding streams on Sunday, April 17th.

John Mesta reported on the status of the PPC Strategic Plan. In the absence of the Director of OAPP, the PPC Strategic Plan has been presented to the OAPP Senior Management Team. They are expected to meet and give us their endorsement at their next meeting, which is expected to take place on May 10th.

X. BREAK

XI. SUB-COMMITTEE REPORTS

- **Operations** – Diane Brown reported the Operations Subcommittee is working on recruitment. A recruitment email was sent out this week. PPC applications are held for one year. As of December 31, 2005, the PPC will be losing about 5 to 6 members because their terms will expire and we are in need of new members. The tentative date for the Annual Planning Meeting is December 5th and December 6th and the Operations Subcommittee is discussing venues for the meeting. The next New Members Orientation is tentatively scheduled for Friday, June 3, 2005 and the orientation will be open to any community members (for people who like to learn more about what the PPC does, what is the mission of the PPC, why the PPC exists, what are the beginning, middle and end steps, etc.) and we welcome you. If you are interested in getting information about the orientation, please contact Diane Brown (contact information on PPC roster). The next Operations Subcommittee meeting is scheduled for Tuesday, May 10th from 10:00 AM to 12:00 PM at OAPP.

QUESTION: (Jeff Bailey) Cinderella, do you think it would be helpful, at all, at one of the HIV Drug and Alcohol Task Force Meetings to do a brief overview of what the PPC is? To see if maybe that could be a recruitment strategy for people who are perhaps not in traditional HIV world.

ANSWER: (Cinderella) We do occasional announcements and Kathy Watt gives summaries of the meetings. I think it would be helpful to do an overview of the PPC.

RESPONSE: (Kathy Watt) If it were part of one of our either half-day or full-day trainings, where we have between 75 to 100 people, it would be great.

QUESTION: Have you tried to recruit at SPN and CPN meetings?

ANSWER: (Jeff Bailey) That is my question to David, you oversee that project, correct?

COMMENT: (Jeff Bailey) I am a bit surprised that we don't see them attending the PPC meetings. The PPC recommended continuing funding the SPNs and we don't see their attendance at the PPC meetings. I personally don't think a lot of providers may be in the same boat; I don't receive emails on when they meet or where they meet except for the SPA 6 provider meeting. I know the Operations subcommittee feels that is a good area to recruit people.

COMMENT: (David Pieribone) We are making efforts to get the SPNs more involved. The SPNs are presenting their mapping data on May 17th to their integration meeting and from there, we are going to try to figure out what type of format would be appropriate for you guys.

QUESTION: (Jeff Bailey) Maybe, we could tentatively put the SPNs mapping data on the agenda for the June 2nd PPC meeting?

ANSWER: (David Pieribone) That is very reasonable. Give us an idea of how much time would be allocated because there are eight (8) of them.

QUESTION: (Kathy Watt) Is it possible to put the SPNs/CPNs meetings on the calendar?

ANSWER: (Jeff Bailey) That would be a good idea and we could make that part of the announcements that go out with all of the other PPC subcommittee announcements.

QUESTION: There is a Service Planning Network for each SPA?

ANSWER: (David Pieribone) Yes, there are Service Provider Networks for each SPA. The CPN were folded into the Service Provider Networks.

QUESTION: (Kathy Watt) Can you let us know now or do you know when the SPN meetings are for the month?

ANSWER: (David Pieribone) Yes, they fluctuate a little bit whom should I forward the schedule to?

ANSWER: (Jeff Bailey) I would let Cheryl Williams know.

RESPONSE: (John Mesta) David, I would ask that you forward it to myself or Cheryl. My concern would be space and clutter on the calendar.

COMMENT: (Richard Zaldivar) Can I make a suggestion that this be referred over to the Operations Subcommittee. I think that would be the appropriate place to do that.

- **Evaluation** – Ricki Rosales reported the last Evaluation Subcommittee meeting was last Tuesday. Mike Janson from OAPP reported there had been a delay in the transcription of the Needs Assessment data and Evaluation Subcommittee will receive some tentative data at the next meeting on May 24th. The other part of the meeting focused on reviewing data on heterosexual males at sexual risk. Very little information was available on the BRG and the Evaluation subcommittee members will attempt to contact jurisdictions that have this BRG and whether it is working or not. David Giugni will contact agencies in Los Angeles County who are funded to provide services to Women at Sexual Risk and their partners to see what is being done for the partners.

QUESTION: Is there a CRAS Survey this year?

ANSWER: Not this year. OAPP is taking this year to compile previous years of data and analyze that.

- **Standards & Best Practices** – Jeff Bailey reported the last Standards and Best Practices subcommittee met a couple of weeks ago and primarily it was a meeting of the HIV Counseling and Testing Task Force. As a result of that, it was decided to merge the HIV Counseling and Testing Task Force with the Standards & Best Practices Subcommittee meeting. It was agreed that the first 45 minutes of Standards and Best Practices subcommittee meeting would address HIV counseling and testing issues/concerns and the second hour would be devoted to other interventions specific to Standards and Best Practices. There are a number of blitzes scheduled throughout the year to target specific geographical areas. OAPP has done some GIS mapping about specific zip codes, where they are finding new cases of AIDS. I believe people will be receiving a letter from OAPP regarding a meeting scheduled for May 17th to collaborate and partner up with one another to be assigned certain zip codes within their service planning area to be a little more innovative. The subcommittee drafted recommendations for basic and preferred recommendations for HCT staff. The Standards and Best Practices subcommittee agreed to take on the work of the Venue Based Task Force to merge those issues together and reduce the number of meetings. The next meeting is Thursday, May 19th at OAPP.
- **Commission on HIV Health Services (CHHS) Report** – Elizabeth Mendia reported: The CHHS met on April 14th and Mario Perez presented an overview of the HIV Prevention Plan for the CHHS
- There was a general discussion on Names Based Reporting, as a result of the CHHS Public Policy committee report.
- There was also a discussion regarding incorporating public members in appropriate committees and possibly utilizing the Standards of Care that the CHHS sets out as a vehicle for encouraging community participation.
- The State Office of AIDS reported it is out of money for phenotype and genotyping. There were substantially more requests this year than in previous years.
- As part of the CHHS restructuring process, the CHHS is bringing on a substantial number of new members and the new members are being trained before they are brought on as Commissioners.
- Kathy Watt was recommended as the PPC representative to the CHHS.

Kathy Watt reported there is no transgender seat in the proposed CHHS seating and encouraged transgender individuals to apply for the CHHS.

XII. ANNOUNCEMENTS

- Vanessa Talamantes introduced and welcomed the two new members (Dani Mejia and Tim Young) to the HIV Prevention Planning Committee (PPC).
- Vanessa Talamantes announced the State of California HIV Planning Group (CHPG) is meeting in West Hollywood today and some PPC members (including the Community Co-Chair and Governmental Co-Chair) are attending that meeting.
- Jeff Bailey asked for feedback on the Youth Conference. Kafi Battersby reported the Youth Conference was successful with attendance of over 200 people from various CBOs. Chi-Wai Au reported the Youth Conference Evaluation committee is meeting on May 9th to evaluate the conference.
- Kafi Battersby announced the Youth Coalition Meeting will be held on Thursday, May 12th from 3:00 PM to 5:00 PM at Reach L.A.
- Diane Brown announced the PPC Operations Subcommittee is developing a Youth leadership Institute and interested individuals should come to Operations Subcommittee.
- Ricki Rosales announced the City of Los Angeles is holding training on Violence Among People With Disabilities on May 10th.
- John Mesta announced this weekend is Alianza 2005 and the target audience/participants are monolingual Spanish speaking individuals. The conference is at the Los Angeles Convention Center.
- Jeff Bailey announced the 6th Annual Trans Unity Pride Event will take place the first weekend of June at The Village and starts Friday evening.
- Richard Zaldivar thanked the members of OAPP and the County offices during this time of transition with the Office of AIDS Programs and Policy.
- Ricki Rosales reported SB 945 (Names Based Reporting) was killed in committee a couple of days ago.

XIII. CLOSING ROLL CALL

XIV. ADJOURNMENT

Note: All agenda items are subject to action.

MOTION AND VOTING SUMMARY		
MOTION: #1: Approve the Agenda order.	Agenda amended. Passed by Consensus	Motion Passed
MOTION # 2: Approve the Meeting Summary from the April 7, 2005 Meeting.	Passed by Consensus	Motion Passed

NOTE: All HIV Prevention Planning Committee (PPC) meeting summaries, tapes and documents are available for review and inspection at the Office of AIDS Programs and Policy (OAPP) located at 600 South Commonwealth Avenue, 2nd Floor, Los Angeles, CA 90005. To make an appointment to review these documents, please call Cheryl Williams at (213) 351-8126.

(PPC05-05-05min) Revd06-03-05